

**NEW YORK STATE SENATE INTRODUCER'S MEMORANDUM IN SUPPORT submitted  
in accordance with Senate Rule VI. Sec 1**

**BILL NUMBER:** S4321A

**SPONSOR:** BRESLIN

**TITLE OF BILL:**

An act to amend the insurance law, in relation to physical therapy services

**PURPOSE OR GENERAL IDEA OF BILL:**

To limit the imposition of co-payments for physical therapy services to no more than twenty percent of the reimbursement to the provider of care.

**SUMMARY OF PROVISIONS:**

Sections 1 through 5 prohibit payors from imposing costs on insureds for the provision of physical therapy services in excess of 20 percent of the reimbursement to the provider of care. Section 6. Effective Date.

**JUSTIFICATION:**

This bill will protect consumers by prohibiting plans from inappropriately shifting the cost of physical therapy care to consumers by limiting co-payments to no more than 20 percent of the total reimbursement to the provider of care. Under existing law, health plans must cover physical therapy services. Despite that requirement, health plans have shifted the vast majority of the cost of physical therapy services by imposing increasingly high co-payments on consumers. Under certain health plans, co-payments for physical therapy services have exceeded the reimbursement paid by the plan to the provider of care. This cost shift has imposed a financial burden on consumers, and it has restricted access to physical therapy services. Consumers frequently cannot afford the cost imposed by these copayments for medically necessary physical therapy care. physical therapy services generally require multiple visits over the healing process. A co-payment of \$50 for a physical therapy plan of care of 3 times a week for a month will cost the consumer \$600 in out-of-pocket expenses which is beyond the means of many consumers. As a result, New Yorkers are forgoing medically necessary care running the risk of worsening the underlying condition or risking reinjury.

This bill would reestablish the obligation of health plans to cover the expense of physical therapy services by limiting co-payments to no more than twenty percent of the total reimbursement to the provider of care. The 20 percent limitation will allow plans to require co-payments that discourage inappropriate care but will prohibit plans from inappropriately shifting the cost of physical therapy care to consumers.

**PRIOR LEGISLATIVE HISTORY:**

New Bill.

**FISCAL IMPLICATIONS:**

None.

**EFFECTIVE DATE:**

180 days after it shall have become a law.